

<b>Case Number:</b>	CM14-0158532		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36-year-old male who reported an injury on 07/17/2014. The mechanism of injury was not submitted for clinical review. The diagnoses include cervicogenic headaches, cervical sprain/strain of the neck, lumbar sprain/strain, lumbar or thoracic radiculitis, shoulder sprain/strain, sleep issues, cervical radiculitis, thoracic sprain/strain, lumbar region injury. The previous treatments included medication, a TENS unit, chiropractic sessions. Within the clinical note dated 09/05/2014, it was reported the injured worker complained of low back pain, neck and bilateral shoulder pain. He reported feeling numbness and tingling in his fingers including the third, fourth, and fifth digit bilaterally. The injured worker reported pain was increased with activities of daily living and prolonged sitting. Upon the physical examination, the provider noted the injured worker had tenderness to palpation of the cervical and lumbar paraspinal muscles and tenderness to palpation in the shoulder with range of motion. The provider requested Methoderm, omeprazole, chiropractic sessions, TPT, a TENS unit. However, a rationale was not submitted for the clinical review. The Request for Authorization was submitted and dated 09/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1 Prescription of Methoderm 120mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for 1 prescription of Mentherm 120 mg is not really medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment site and the frequency of the medication. Therefore, the request is not medically necessary.

### **1 Prescription of Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NASIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for 1 prescription of omeprazole 20 mg #60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for GI events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding and perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The clinical documentation submitted did not indicate the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

### **(12) Chiropractic manipulations sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The decision for 12 chiropractic manipulation sessions is not medically necessary. The California MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement

that facilitates progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of 18 visits over 6 to 8 weeks. There is lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. The number of sessions the injured worker has previously undergone was not submitted for clinical review. Additionally, the number of sessions requested exceeds the guideline's recommendations. Therefore, the request is not medically necessary.

**(1) TPT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

**Decision rationale:** The request for 1 TPT is not medically necessary. The Official Disability Guidelines note durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare definitions of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose, and are primarily used for convenience in the home. Medical conditions that result in a physical limitation for patient may require patient education and modifications to the home environment for prevention of injury, but environmental modalities are considered not primarily medical in nature. Certain treatment plans for injury, infection, or conditions may result in physical limitations. Many assistive devices such as electronic garage door openers, microwave ovens, or golf carts were designed for fully mobile, independent adults. The indications for durable medical equipment include that it can withstand repeated use, and cannot be normally rented or used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and it is appropriate for use in the patient's home. There is lack of significant clinical documentation warranting the medical necessity for the request. The request submitted failed to provide the length of duration, or the treatment site. Therefore, the request is not medically necessary.

**(1) TENS (transcutaneous electrical nerve stimulation) unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** The request for a TENS (transcutaneous electrical nerve stimulation) unit is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional

restoration. There is evidence that other appropriate pain modalities have been tried and failed, including medication. There is lack of documentation indicating significant deficits upon the physical exam. The injured worker's prior course of physical therapy was not submitted for clinical review. There is lack of documentation indicating the injured worker underwent an adequate trial of a TENS unit. The request submitted failed to provide the length of duration the injured worker is to utilize the request. Additionally, the request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.